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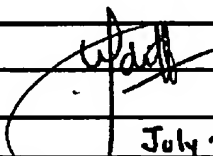
PTO/SB/21 (09-04)

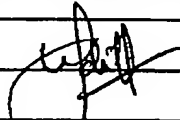
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/044,692	
	Filing Date	January 11, 2002	
	First Named Inventor	Thomas R. Cech, et al.	
	Art Unit	1842	
	Examiner Name	Susan Nmn Ungar	
Total Number of Pages in This Submission	11	Attorney Docket Number	015389-002640US; 018/213C

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> 3rd Supplemental Amendment/Reply (8 pages)	<input type="checkbox"/> Petition for Revival of Application (2 pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	July 21/06	Reg. No.	40,253

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	MICHAEL SCHIFF	Date	July 21/06

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **800****Complete if Known**

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 46 - 20 or HP = 8 x 50 = 400 **total claims previously paid** = 38

Indep. Claims 10 - 3 or HP = 2 x 200 = 400 **total independent claims previously paid** = 8

HP = highest number of total claims paid for, if greater than 20.
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>10</u> - 100 = <u>0</u> / 50 = <u>0</u> (round up to a whole number) x <u>125</u> = <u>0</u>				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,253	Telephone	(650) 473-7715
Name (Print/Type)	J. Michael Schiff			Date	July 21/06

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name

July 21/06
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Thomas R. Cech et al.

Filing Date: January 11, 2002

Serial No: 10/044,692

Docket: 015389-002640 US;
018/213cTitle: NUCLEIC ACID VACCINE FOR ELICITING
AN IMMUNE RESPONSE AGAINST
TELOMERASE REVERSE TRANSCRIPTASE

Art Unit: 1642

Examiner: Susan N.M.N. Ungar, Ph.D.

THIRD SUPPLEMENTAL AMENDMENT

Commissioner for Patents
Alexandria VA 22313

Dear Sir,

This paper is supplemental to the amendments filed in this application on November 10, 2005,
April 3, 2006, and May 18, 2006.

The claims added in this Amendment adopt a suggestion made by the Office, and either place
the application in condition for allowance, or simplify issues for appeal. Accordingly, this paper
qualifies for consideration under 37 CFR § 1.111(a)(2).

Please enter the following amendments and remarks.

07/25/2006 BABRAHA1 00000047 071139 10044692

01 FC:1202

400.00 DA

02 FC:1201

400.00 DA